

DECLARATION FOR PATENT APPLICATION AND APPOINTMENT OF ATTORNEY

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled:

Genes for diagnosing colorectal cancer

the specification of which (check one):

☒ is attached hereto, or ☐ was filed on:

as U.S. Application Number or PCT

International Application Number:

and (if applicable) was amended on:

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in *Title 37, Code of Federal Regulations, §1.56*. I hereby claim foreign priority benefits under *Title 35, United States Code §119* of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)			PRIORITY CLAIMED	
Number	Country	Day/Month/Year Filed	Yes	No

☐ Additional Priority Application(s) Listed on Following Page(s)

I HEREBY CLAIM THE BENEFIT UNDER TITLE 35 U.S. CODE §119(E) OF ANY U.S. PROVISIONAL APPLICATIONS LISTED BELOW.

Application Number	Day/Month/Year Filed

☐ Additional Provisional Application(s) Listed on Following Page(s)

I hereby claim the benefit under *Title 35, United States Code, §120* of any United States application(s) or PCT international application(s) designating The United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of *Title 35, United States Code, §112*, I acknowledge the duty to disclose information which is material to patentability as defined in *Title 37, Code of Federal Regulations, §1.56* which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

Application Number	Filing Date	Status - Patented, Pending or Abandoned

☐ Additional US/PCT Priority Application(s) listed on Following Page(s)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under *section 1001 of title 18 of the United States Code* and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: I (We) hereby appoint as my (our) attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Bruce H. Troxell. Reg. No. 26,592

I(we) authorize my(our) attorneys to accept and follow instructions from Laurels IPR Law Firm regarding any matter related to the preparation, examination, grant and maintenance of this application, any continuation, continuation-in-part or divisional based thereon, and any patent resulting therefrom, until I(we) or my(our) assigns withdraw this authorization in writing.

Send correspondence to:

TROXELL LAW OFFICE PLLC
5205 LEESBURG PIKE, SUITE 1404
FALLS CHURCH, VA. 22041

TELEPHONE CALLS TO:

BRUCE H. TROXELL
(703) 575-2711

FULL NAME OF FIRST OR SOLE INVENTOR Shiu-Ru Lin	CITIZENSHIP Taiwan, R.O.C
RESIDENCE ADDRESS 14F, No. 395, Yi-Hua Road, Sanmin District, Kaohsiung City 807, Taiwan	POST OFFICE ADDRESS IS THE SAME AS RESIDENCE ADDRESS UNLESS OTHERWISE SHOWN BELOW No. 100, Shih-Chuan 1st Road, Sanmin District, Kaohsiung City 807, Taiwan
DATE Oct 22, 2003	SIGNATURE Shiu-Ru Lin

☒ See following page(s) for additional joint inventors.

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CONTINUATION OF DECLARATION FOR PATENT APPLICATION AND APPOINTMENT OF ATTORNEY

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PRIOR FOREIGN APPLICATION(S) (35 USC § 119)			PRIORITY CLAIMED	
Number	Country	Day/Month/Year Filed	Yes	No

PRIOR PROVISIONAL APPLICATIONS 35 U.S. CODE § 119(E)	
Application Number	Day/Month/Year Filed

PRIOR U.S. OR PCT INTERNATIONAL APPLICATIONS (35 U.S. CODE § 120)		
Application Number	Filing Date	Status - Patented, Pending or Abandoned

FULL NAME OF JOINT INVENTOR Jaw-Yuan Wang	CITIZENSHIP Taiwan, R.O.C.
RESIDENCE ADDRESS 8F, No. 352, Fu-Min Road, Zuoying District, Kaohsiung City 813, Taiwan	POST OFFICE ADDRESS IS THE SAME AS RESIDENCE ADDRESS UNLESS OTHERWISE SHOWN BELOW No. 100, Shih-Chuan 1st Road, Sanmin District, Kaohsiung City 807, Taiwan
DATE <i>Oct 22, 2003</i>	SIGNATURE <i>Jaw-Yuan Wang</i>

FULL NAME OF JOINT INVENTOR	CITIZENSHIP
RESIDENCE ADDRESS	POST OFFICE ADDRESS IS THE SAME AS RESIDENCE ADDRESS UNLESS OTHERWISE SHOWN BELOW
DATE	SIGNATURE

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FULL NAME OF JOINT INVENTOR	CITIZENSHIP
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DATE	SIGNATURE

☐ See following pages for additional joint inventors/priority applications.

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VERIFIED STATEMENT (DECLARATION) BY A NONPROFIT ORGANIZATION CLAIMING SMALL ENTITY STATUS UNDER 37 CFR 1.9(F) AND 1.27(d)		<i>NonProfit Organization</i>
Applicant or Patentee: Serial or Patent Number: Filed or Issued: Title:	Kaohsiung Medical University Genes for diagnosing colorectal cancer	Docket #: Group Art Unit: Examiner:

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Organization: Kaohsiung Medical University
Address: No. 100, Shih-Chuan 1st Road, Sanmin District, Kaohsiung City 807, Taiwan

Type of Organization

- ☒ University or other institution of higher education.
☐ Tax exempt under Internal Revenue Service code (26 USC 501(a) and 501(c)(3)).
☐ Nonprofit scientific or educational under statute of state of the United States of America.
 Name of State: _____ Statute: _____
☐ Would qualify as tax exempt under Internal Revenue Service code (26 USC 501(a) and 501(c)(3)) if located in the United States of America.
☐ Would qualify as nonprofit scientific or educational under statute of state of the United States of America if located in the United States of America.
 Name of State: _____ Statute: _____

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) or (b) of Title 35, United States Code with regard to the matter described in:

- ☒ The specification filed herewith, with the title as listed above.
☐ The patent application identified above.
☐ The PCT international patent application identified above.
☐ The patent number identified above.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the above identified nonprofit organization concern are not exclusive, each individual, concern or organization having rights to the invention must file separate verified statements averring to their status as small entities and that no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). Each person, concern or organization having any rights in the invention is listed below:

- ☒ No such person, concern or organization.
☐ Each such person, concern or organization as listed below:

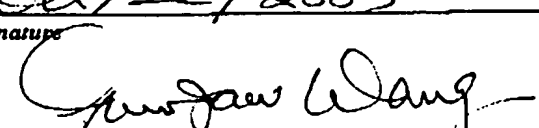
FULL NAME:	<input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> NonProfit Organization
ADDRESS:	

FULL NAME:	<input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> NonProfit Organization
ADDRESS:	

☐ See attached sheet for additional person(s) concern(s) or organization(s).

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which the verified statement is directed.

Name and Title in Organization Gwo-Jaw Wang / President	Date Oct/22/2003
Address No. 100, Shih-Chuan 1st Road, Sanmin District, Kaohsiung City 807, Taiwan	Signature 

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